2005 17 MAY 2005

Page 1 of 3 DECLARATION FOR "371" APPLICATION

10/535228

COMBINED DECLARA	TION FOR	UTILITY OR	DESIGN PATENT	ATTORNEY'S DOCKET PU5028USw
APPLICATION WITH	POWER OF	ATTORNEY		First Names Inventor:
ATTENENTION WILLIAM				BOGGS
				Complete if known:
are S. L. arian althousted with initial f	iling or			App No.:
(X) Declaration submitted with initial f				
() Declaration submitted after initial fi) Declaration submitted after initial filing (surcharge required 37CFR1.16(e))			Filing Date
				Group Art Unit:
As below named i	nventor. I hereby	declare that:		
My residence, post office a				
I believe I am the original, (if plural names are listed l entitled:	first and sole inveneelow) of the subj	entor (if only one name i ect matter which is clain	s listed below) or an original, f ned and for which a patent is so	irst and joint inventor jught on the invention
	FAR	NESOID X RECEPTO	OR AGONISTS	
the specification of which	(check only one i	tem below):		
[]is attached hereto. OR	ao I Inita	d States application Ser	ial No or PCT	International
[x] was filed on	as Office			
Application Number PC	r/US03/ 35808 applicable)	filed November	- 12, 2003 and was amended on	(MM/DD/YYYY)
I hereby state that I have as amended by any amended	eviewed and unde Iment specifically	erstand the contents of the referred to above.	ne above-identified specificatio	n, including the claims,
I acknowledge the duty to	disclose informa	tion which is material to	patentability as defined in 37 (CFR §1.56.
I hereby claim foreign priority ben inventor's certificate or 365(a) of a States of America, listed below an certificate or of any PCT internation	iny PCT internation d have also identi onal application h	onal application which d fied below, by checking aving a filing date befor	the box, any foreign application that of the application on whi	n for patent or inventor's
PRIOR FOREIGN AND ANY F	RIORITY CLA	IMS UNDER 35 U.S.C	. 119:	
Prior Foreign Application		Country	Foreign Filing Date (MM/DD/YYYY))	CLAIMEI
Number (s)			(11111111111111111111111111111111111111	
1. 2.				
3.				
4.				
				listed below
I hereby claim the benefit under T	itle 35, United St	ates Code §119(e) of an	y United States provisional app	incation(s) listed below:
Application No.		Filing Date	e (MM/DD/YYYY)	+
1. 60/428,374		1	1/22/2002	
1.1.2		I		

Page 2 of 3 DECLARATION FOR "371" APPLICATION

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER

PU5028USw

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION O	or PCT PARENT APPLICAT	ION		
		9	STATUS (Check	one)
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
POWER OF ATTORNEY: As a named inven prosecute this application and to transact all bus Customer Number, 23347 and Customer Number	iness in the Patent and Trademark (ers associated with the Office connected therew	Customer Numbers with	provided below to
Address all correspondence and telephone of	ealls to Customer Number 233	47	Direct Telephone Ca	alls to:
David J. Levy Corporate Intellectual Property GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-339				Ann Morgan 483-8222

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

				
!	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
1 2 1	OF INVENTOR	BOGGS	<u>Sharon</u>	<u>D</u>
$I(\Gamma)$	INVENTOR'S	Signature		Date: 12 1 1 - 2
10 · 1	SIGNATURE	Marn D. Begg		12/05/03
1 o 1	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	<u>Durham</u>	NC NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1 1	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	COLLINS	Jon	L
	INVENTOR'S	Signature ·		Date:
	SIGNATURE		•	
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP .
	CITIZENSHIP	Durham	NC	US
1 1	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	HYATT	Stephen	M ·
l 1	INVENTOR'S	Signature		Date:
	SIGNATURE	<u> </u>		
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
1 1	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		



Page 3 of 3 DECLARATION FOR "371" APPLICATION

1985年5月 1983

2	FULL NAME OF INVENTOR	FAMILY NAME MALONEY	FIRST GIVEN NAME Patrick	SECOND GIVEN NAME/INITIAL R
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	спу Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	сіту Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

Page 1 of 3
DECLARATION FOR "371" APPLICATION

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COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY				ATTORNEY'S DOCKET PU5028USw First Names Inventor: BOGGS
(X) Declaration submitted with initia	al filing or			Complete if known: App No.:
() Declaration submitted after initial	filing (surcharge re	equired 37CFR1.16(e))		-
(, , , , , , , , , , , , , , , , , , ,				Filing Date
				Group Art Unit:
As below named	l inventor. I here	by declare that:		
My residence, post office address and citizenship are as stated below next to my name.				
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:				
	FA	RNESOID X RECEPT	OR AGONISTS	
the specification of which	(check only one	item below):		-
[]is attached hereto. OR				
[x] was filed on	as Unit	ed States application Se	rial No or PCT I	nternational
	T/US03/ 35808 applicable)	filed November	er 12, 2003 and was amended on	(MM/DD/YYYY)
I hereby state that I have as amended by any amended			he above-identified specification	, including the claims,
I acknowledge the duty to	disclose informa	ation which is material to	patentability as defined in 37 C	FR §1.56.
I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:				
PRIOR FOREIGN AND ANY P				
Prior Foreign Application Number (s)		Country	Foreign Filing Date (MM/DD/YYYY))	PRIORITY CLAIMED
1.				
2.				
3. 4.				
5.				
I hereby claim the benefit under T	itle 35, United Sta	ates Code §119(e) of an	y United States provisional applie	cation(s) listed below:
Application No.			(MM/DD/YYYY)	
1. 60/428,374 11/22/2002				

Page 2 of 3 DECLARATION FOR "371" APPLICATION

COMBINED DECLARATION FOR UTILITY or DESIGN	
PATENT APPLICATION WITH POWER OF ATTORNEY Continued	

ATTORNEY'S DOCKET NUMBER

PU5028USw

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

		tability as defined in 37 ling date of this applica	C.F.R. §1.56 which becation:	ame available betw	een the filing date o	f the prior application(s) and the national or
PRIOR	U.S. PARENT	APPLICATION o	r PCT PARENT A	PPLICATION	†		-
						STATUS (Check	one)
U.S.	U.S. Parent Application or PCT Parent Parent Filing Daniel Number (MM/DD/YYY			PATENTED	PENDING	ABANDONED	
prosecut	e this application a		or, I hereby appoint the ness in the Patent and 20462				provided below to
Address	David J. Levy Corporate Intellec GlaxoSmithKline Five Moore Drive,	tual Property	alls to Customer No	umber <u>23347</u>			alls to: Ann Morgan 483-8222
are beli	eved to be true; as e punishable by f	nd further that these	e statements were mant, or both, under 18	ade with the kno	owledge that wil	llful false statemen	
2	FULL NAME OF INVENTOR INVENTOR'S SIGNATURE	FAMILY NAME BOGGS Signature		FIRST GIVEN NAME Sharon	2	SECOND GIVEN NAME D Date:	VINITIAL
0	RESIDENCE & CITIZENSHIP	спу Durham		STATE OR FOREIG	N COUNTRY	COUNTRY OF CITIZEN US	
I	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKlin Five Moore Driv		Research Tri	angle Park	North Carolina	
1	FULL NAME	FAMILY NAME		FIRST GIVEN NAMI	E	SECOND GIVEN NAME	ZINITIAL

Date: **INVENTOR'S** Signature Callerin **SIGNATURE** CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP RESIDENCE & NIC US NC CITIZENSHIP Durham_ POST OFFICE ADDRESS STATE & ZIP CODE/COUNTRY POST OFFICE Research Triangle Park **ADDRESS** GlaxoSmithKline North Carolina 27709, US 2 Five Moore Drive, PO Box 13398 FIRST GIVEN NAME FAMILY NAME SECOND GIVEN NAME/INITIAL **FULL NAME HYATT** Stephen M OF INVENTOR 2 Signature Date: **INVENTOR'S SIGNATURE** STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP CITY 0 **RESIDENCE &** NC **CITIZENSHIP** Durham STATE & ZIP CODE/COUNTRY POST OFFICE ADDRESS POST OFFICE North Carolina 27709, US GlaxoSmithKline Research Triangle Park 3 **ADDRESS** Five Moore Drive, PO Box 13398



Page 3 of 3 DECLARATION FOR "371" APPLICATION

Design to the second

2	FULL NAME OF INVENTOR	FAMILY NAME MALONEY	FIRST GIVEN NAME Patrick	SECOND GIVEN NAME/INITIAL R
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

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COMPINED DECLADA	TION FOR UTILITY OF	DESIGN PATENT	ATTORNEY'S DOCKET
	POWER OF ATTORNEY		PU5028USw First Names Inventor:
APPLICATION WITH	POWER OF ATTORNET		BOGGS
			Complete if known: App No.:
(X) Declaration submitted with initial fi	iling or		Арр 110
() Declaration submitted after initial fil	ling (surcharge required 37CFR1.16(e))		
() Decimation submitted arter instances	2B (Filing Date
			Group Art Unit:
			<u> </u>
As below named in	nventor. I hereby declare that:		
My residence, post office a	ddress and citizenship are as stated bel	ow next to my name.	
I believe I am the original, (if plural names are listed be entitled:	first and sole inventor (if only one namelow) of the subject matter which is class	e is listed below) or an original, faimed and for which a patent is so	irst and joint inventor ought on the invention
	FARNESOID X RECEP	TOR AGONISTS	
the specification of which (check only one item below):		
[]is attached hereto. OR			
	as United States application S	erial No or PCT	International
	/US03/ 35808 filed Novemb	per 12, 2003 and was amended on	(MM/DD/YYYY)
	eviewed and understand the contents of ment specifically referred to above.	the above-identified specification	n, including the claims,
		1.07.6	VDD 01.56
I acknowledge the duty to o	disclose information which is material	to patentability as defined in 37 C	JFK 91.30.
inventor's certificate or 365(a) of an	fits under 35 U.S.C. §119 (a)-(d) or §3 by PCT international application which have also identified below, by checking	designated at least one country of	ther than the United
certificate or of any PCT internation	nal application having a filing date before	ore that of the application on which	h priority is claimed:
PRIOR FOREIGN AND ANY PR	RIORITY CLAIMS UNDER 35 U.S.	C. 119:	
Prior Foreign Application	Country	Foreign Filing Date	PRIORITY CLAIMED
Number (s)		(MM/DD/YYYY))	CLAIMED
1. 2.			
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5.			
	le 35, United States Code §119(e) of a	ny United States provisional appl	ication(s) listed below:
Application No.		te (MM/DD/YYYY)	
1. 60/428,374		11/22/2002	
2			

Page 2 of 3 DECLARATION FOR "371" APPLICATION

COMBINED DECLARATION FOR UTILITY or DESIGN	
PATENT APPLICATION WITH POWER OF ATTORNEY O	Continued

Research Triangle Park, NC 27709-3398

ATTORNEY'S DOCKET NUMBER

PU5028USw

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION of	r PCT PARENT APPLICAT	ION	-	
			STATUS (Check	one)
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
				,
POWER OF ATTORNEY: As a named inven prosecute this application and to transact all bus Customer Number 23347 and Customer Number	iness in the Patent and Trademark			provided below to
Address all correspondence and telephone of David J. Levy Corporate Intellectual Property GlaxoSmithKline Five Moore Drive, PO Box 13398	alls to Customer Number <u>233</u>	<u>347</u>		alls to: Ann Morgan 483-8222

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BOGGS	Sharon	(D
ļ	INVENTOR'S	Signature		Date:
l	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	COLLINS	Jon	L
l	INVENTOR'S	Signature		Date:
1	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
i	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	HYATT	Stephen	M
N	INVENTOR'S	Signature D	2 02 000	Date:
1 "	SIGNATURE	Mush you		11/24/03
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		



Page 3 of 3 DECLARATION FOR "371" APPLICATION

(
11 550	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
47 2	OF INVENTOR	MALONEY	Patrick	<u>R</u>
t	INVENTOR'S	Signature / / / / / /		Date:
	SIGNATURE	Signature / Malone		24 NOV 03
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC / C	US
	POST OFFICE	POST OFFICE ADDRESS	СПУ	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		